



COR® Equivalency Compliance Declaration

Company Name _____

Address _____

COR® Certification issued by:

COR® Certification # _____ CFCSA Host Association # _____

Declaration

The information provided in support of receiving COR® Equivalency from the Construction Safety Association is true and valid. As a requirement of applying for COR® Equivalency from CSAM, our company has included the completed **Section 15 – Manitoba Supplement** of CSAM’s CFCSA endorsed harmonized audit instrument.

UPON ARRIVAL AND WORK IN MANITOBA:

As required by all employers in the province of Manitoba, I will obtain current copies of the Workplace Safety and Health Act (W210/2016) and the Manitoba Regulation (MR 217/2006).

As required by all employers in the province of Manitoba, I will ensure workers are supervised by a competent supervisor, familiar with the WSH Act and Regulation.

As required by all persons in the province of Manitoba, I will share required information with the owner, prime contractor, and those affected, necessary to identify and control existing and potential hazards.

To the best of my knowledge, my company employees will meet the minimum safety training requirements as outlined in Manitoba’s Workplace Safety and Health Legislation.

My company will obtain coverage through WCB and will remain in good standing with WCB for the duration of the project.

Print Name: _____

Print Title: _____

Signature: _____

Date: _____